

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	43	4/17/97
EXAMINER	454	6/19
TYPIST	450	6/19
VERIFIER	454	6/19
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 (1)	✓
2 8	
3 9	✓
4 (12)	
5 (13)	✓
6 (14)	✓
7 15	
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SYMBOLS

✓	Rejected
—	Allowed
— (Through number)	Cancelled
—	Restricted
N	Non-elected
—	Interference
A	Appeal
O	Objected

Claim	Date
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